

Table of Contents

State/Territory Name: Missouri
State Plan Amendment (SPA)#: 13-13

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

December 4, 2013

Brian Kinkade, Interim Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102-1527

Dear Mr. Kinkade:

On September 18, 2013, the Centers for Medicare & Medicaid Services (CMS) received Missouri state plan amendment (SPA), transmittal #13-13 to add actuarially sound rates back into the rate methodology for the non-emergency medical transportation program.

Based upon the information received, we are now ready to approve SPA #13-13 as of December 2, 2013, with an effective date of July 1, 2013, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Missouri Medicaid State Plan. If you have any questions regarding this amendment, please contact Rhonda Wells at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Tidball

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: <u>13--13</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2013	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.153 42 CFR 440.170	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>8,745,000</u> b. FFY <u>2014</u> \$ <u>34,981,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 9-6 and 9-7	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pages 9-6 and 9-7

10. SUBJECT OF AMENDMENT:

Adds actuarially sound rates back into the rate methodology for the non-emergency medical transportation program.

11. GOVERNORS REVIEW (Check One)

- GOVERNORS OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNORS OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

ELU

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO: Department of Social Services MO HealthNet Division 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65109
13. TYPE NAME: Brian Kincaid	
14. TITLE: Acting Director	
15. DATE SUBMITTED: September 18, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 18, 2013	18. DATE APPROVED: December 2, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Operations

23. REMARKS:

Individuals terminally ill if in a medical institution and will receive hospice care

Individuals aged or disabled with income not above 100% FPL

Individuals receiving only an optional State supplement in a 209(b) State
Individuals working disabled who buy into Medicaid (BBA working disabled group)

Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group

Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- (i) risk capitation
(ii) non-risk capitation
(iii) other (e.g., brokerage fee and direct payment to providers)

Payments for NEMT services are provided through a state awarded broker contract. The state is divided into NEMT service regions. Each region is served by a statewide broker. The broker is a for-profit, not-for-profit, public, or private entity that is selected through a competitive bid process. The State of Missouri, Office of Administration issues a Request for Proposal (RFP) through which qualified bidders submit bids to provide NEMT assistance in the NEMT service regions. The successful bidder is selected for the entire state by the State of Missouri, Office of Administration through a bid evaluation process that is published as part of the RFP. Bidders include in their price components an actuarially sound capitation payment.

TN No.: 13-13
Supersedes TN No.: 10-05

Effective Date: July 1, 2013
Approval Date DEC -2 2013

The MO HealthNet Division pays the successful bidder in each region the rate included in the winning bid for the state. This actuarially sound rate is paid per participant per month regardless of the length of the transport, the type of vehicle required, or the number of transports.

On a monthly basis, the state makes payments to the broker for each fee-for-service participant eligible for NEMT based on the fixed per participant per month rate appropriate for the participant's eligibility category and county of residence. The rate is prorated based on the number of eligible days. The broker contract specifies that the capitation payments are the only payments to be made to the broker for all NEMT services and no other payment shall be made. The broker is also liable or "at risk" for the cost of NEMT services.

The State does not require a specific reimbursement methodology be used by the broker when subcontracting with transportation providers. The broker is responsible for tracking and reporting all trip information and provider adequacy to the Medicaid State Agency.

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